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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/761,671
	Filing Date	1/10/2001
	First Named Inventor	Jeff Eder
	Art Unit	3622
	Examiner Name	Yehdega Retta
Total Number of Pages in This Submission	13	Attorney Docket Number AR-17

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Amendment
Remarks Response to notice on non compliant amendment mailed on 3/23/2006		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Asset Trust, Inc.	
Signature	/BJ Bennett/	
Printed name	B.J. Bennett	
Date	4/3/2006	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	/BJ Bennett/	
Typed or printed name	B.J. Bennett	Date 4/3/2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/761,671 Confirmation No. : 5378
Applicant : Jeff S. Eder
Filed : January 18, 2001
Art Unit : 3622
Examiner : Yehdega Retta
Docket No. : AR - 17
Customer No. : 53787

SUPPLEMENTAL AMENDMENT & REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir or Madam:

In response to the Office Communication mailed March 23, 2006, please amend the above identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Serial No. 09/761,671

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Examiner: Yehdega Retta
Art Unit: 3622